2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State
07-24-2001 90001 048 ***550.00

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DOCUMENT # P00000092432

1. Entity Name
NEWHAVEN SOFTWARE CORPORATION

Principal Place of Business	Mailing Address
1615 SOUTH CONGRESS AVENUE DELRAY BEACH FL 33445	1615 SOUTH CONGRESS AVENUE DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5000 N. River Rd	
Suite, Apt. #, etc. 8th Floor	Suite, Apt. #, etc.
City & State Rosemont IL	City & State
Zip 60018-6705 Country	Zip Country

4. FEI Number 65-1044339 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AMERICAN INFORMATION SERVICES, INC. 350 EAST LAS OLAS BLVD SUITE 1600 FORT LAUDERDALE FL 33301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After September 12, 2001 Fee will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE President NAME John Marcin STREET ADDRESS 1615 S. Congress Ave CITY-ST-ZIP Delray Beach FL 33445	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE VP & Secretary NAME Martin K. Weinbaum STREET ADDRESS 1615 S. Congress Ave CITY-ST-ZIP Delray Bch, FL 33445	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Martin K. Weinbaum 7/11/01 5612652700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #